Exhibit C
Representative Written Description Support in the Present Specification for Claims 15-79

Applicants' Claims	Representative Support in Applicants' Specification
15. A static device for use with an unrestricted heart having an outer wall and at least one chamber, said device comprising: a plurality of members configured to be positioned adjacent the epicardial surface of the heart; and a connector joining the members, and said connector comprises a band configured for extending around the chamber and joining at least two of the members, wherein said members are fixed in a spaced relationship relative to each other such that at least two portions of the outer wall are displaced inwardly from the unrestricted position.	"The present invention pertains to a non-pharmacological, passive apparatus for the treatment of a failing heart." (p. 4, ll. 22-23.) "In another embodiment of the apparatus, a frame is provided for supporting the compression member. Yet another embodiment of the invention includes a clamp having two ends biased toward one another for drawing at least two walls of a heart chamber toward each other. The clamp includes at least two ends having atraumatic anchoring member[s] disposed thereon for engagement with the heart or chamber wall." (p. 5, ll. 15-23) "Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310. A compression member 312 having an atraumatic surface 314 presses against a wall of left ventricle 10 to reduce the radius or cross-sectional area thereof." (p. 8, l. 26 - p. 9, l. 4.) "In this case a clamp 400 having atraumatic anchor pads 410 biased toward each other is shown disposed on a wall of left ventricle 10." (p. 9, ll. 7-9.) See also at least Figures 3 and 4, and the corresponding written description of those Figures.
16. The device of claim 15, wherein at least one of said members comprises an elongate shape.	See 310 and 312 in Figure 3 and the corresponding written description of that Figure.
17. The device of claim 15, wherein at least one of said members has a shape wherein a length is substantially greater than a width.	See 310 and 312 in Figure 3 and the corresponding written description of that Figure.
18. The device of claim 15, wherein at least one of said members comprises a substantially circular shape.	See 310, 314, and 410 in Figures 3 and 4, and the corresponding written description of those Figures.
19. The device of claim 15, said members comprises an inner surface having a convex curved configuration toward the epicardial surface.	See 310, 314, and 410 in Figures 3 and 4, and the corresponding written description of those Figures.
20. The device of claim 15, having first and second members, wherein said first and second member are positioned in a spaced relationship relative to each other about 180 degrees apart.	See 310 and 410 in Figures 3 and 4, respectively, and the corresponding written description of those Figures.

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21. The device of claim 15, having a first member configured to be positioned adjacent the anterolateral surface of the chamber, and a second member configured to be positioned adjacent the posteromedial surface of the chamber.	See 310, 314, and 410 in Figures 3 and 4, and the corresponding written description of that Figure.
22. The device of claim 15, having a first member configured to be positioned adjacent the anterolateral surface of the chamber, and a second member configured to be positioned adjacent the posterolateral surface of the chamber.	See 310, 314, and 410 in Figures 3 and 4, and the corresponding written description of that Figure.
23. The device of claim 15, having first, second and third members, said first, second, and third members are positioned in a spaced relationship relative to each other about 120 degrees apart.	See 310 and 312 in Figure 3 and the corresponding written description of that Figure.
24. The device of claim 23, wherein the first member is configured to be positioned adjacent the anteroseptal portion of the chamber, the second member is configured to be positioned adjacent the posteroseptal portion of the chamber, and the third member is configured to be positioned adjacent the posterolateral portion of the chamber.	See 310 and 312 in Figure 3 and the corresponding written description of that Figure.
25. The device of claim 15, wherein at least one of said members comprises a pad.	"Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310." (p.8, l. 26 - p. 9, l. 1.) "In this case a clamp 400 having atraumatic anchor pads 410 biased toward each other is shown disposed on a wall of left ventricle 10." (p. 9, ll. 7-9.) See also Figures 3-4 and the corresponding written description of those Figures.
26. The device of claim 25, wherein the pad has an inner surface configured to be positioned adjacent the epicardial surface of the heart.	"Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310." (p.8, l. 26 - p. 9, l. 1.) "In this case a clamp 400 having atraumatic anchor pads 410 biased toward each other is shown disposed on a wall of left ventricle 10." (p. 9, ll. 7-9.) See also Figures 3-4 and the corresponding written description of those Figures.
27. The device of claim 15, wherein at least one of said members includes a pad portion.	"Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310." (p.8, l. 26 - p. 9, l. 1.) "In this case a clamp 400 having atraumatic anchor pads 410 biased toward each other is shown disposed on a wall of left ventricle 10." (p. 9, ll. 7-9.) See also Figures 3-4 and the corresponding written description of those Figures.

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28. The device of claim 25, wherein the pad comprises a biocompatible material.	"Each of the various embodiments of the present invention disclosed in Figures 1-4 can be made from materials which can remain implanted in the human body indefinitely. Such biocompatible materials are well-known to those skilled in the art of clinical medical device." (p. 9, ll. 13-17.)
29. The device of claim 15, wherein said connector comprises a clamp.	"In this case a clamp 400 having atraumatic anchor pads 410 biased toward each other is shown disposed on a wall of left ventricle 10." (p. 9, ll. 7-9.) See also Figure 4.
30. The device of claim 15, wherein the connector comprises a biocompatible material.	"Each of the various embodiments of the present invention disclosed in Figures 1-4 can be made from materials which can remain implanted in the human body indefinitely. Such biocompatible materials are well-known to those skilled in the art of clinical medical device." (p. 9, ll. 13-17.)
31. The device of claim 15, wherein at least one of said members includes an opening.	"Ball 36 can then be advanced into recess 34 by drawing tension member 18 through an opening in recess 34 opposite disk 32." (p. 11, ll. 24-26.) "The anchor 40 preferably includes a disk or pad portion 42 having a cross bar 44 extending over an opening 46 in pad 42." (p. 12, ll. 3-4.)
32. The device of claim 15, wherein the connector is configured to be positioned adjacent a surface of the chamber.	"Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310." (p.8, l. 26 - p. 9, l. 1.) "In this case a clamp 400 having atraumatic anchor pads 410 biased toward each other is shown disposed on a wall of left ventricle 10." (p. 9, ll. 7-9.) See also Figures 3-4 and the corresponding written description of those Figures.
33. The device of claim 32, wherein the connector is curved.	See 300 and 400 in Figures 3 and 4, respectively, and the corresponding written description of those Figures.
34. A static device for use with an unrestricted heart having an outer wall and at least one chamber, said device comprising, a plurality of members configured to be positioned adjacent the epicardial surface of the heart; and a first connector joining the members, the first connector having portions configured to be encased in the tissue of the heart, wherein said members are fixed in a spaced relationship relative to each other such that at least two portions of the outer wall are displaced inwardly from the unrestricted position.	"The present invention pertains to a non-pharmacological, passive apparatus for the treatment of a failing heart." (p. 4, ll. 22-23.) "In one embodiment, the apparatus includes a tension member for drawing at least two walls of the heart chamber toward each other to reduce the radius or area of the heart chamber in at least one cross sectional plane. The tension member has anchoring member[s] disposed at opposite ends for engagement with the heart or chamber wall." (p. 5, ll. 6-11.) "Extending through the left ventricle is a splint 16 including a tension member 18 and oppositely disposed anchors 20. Splint 16 as shown in Figure 1 has been positioned to draw opposite walls of left ventricle 10 toward each other to reduce the 'radius'

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	of the left ventricular cross-section or the cross-sectional area thereof to reduce left ventricular wall stresses." (p. 8, ll. 5-11.) "The embodiment 116 shown in Figure 5 includes three tension members 118 as opposed to a single tension member 18 as shown in Figure 1. Figure 6 shows yet another embodiment of the splint 216 having four tension members 218." (p. 9, ll. 19-23.) "Figures 10 and 11 are side views of a hinged anchor 28 which could be substituted for anchors 20 in undeployed and deployed positions respectively. Anchor 28 as shown in Figure 10 includes two legs similar to bar anchor 26. Hinged anchor 28 could include additional legs and the length of those legs could be varied to distribute the force over the surface of the heart wall." (p. 11, ll. 6-12.) "Figure 12 is a cross-sectional view of a capture ball anchor 30. Capture ball anchor 30 can be used in place of anchor 20. Capture ball anchor 30 includes a disk portion 32 to distribute the force of the anchor on the heart wall, and a recess 34 for receiving a ball 36 fixed to an end of the tension member 18." (p. 11, ll. 17-22.) "Figure 13 is a perspective view of a cross bar anchor 40. The cross bar anchor 40 can be used in place of anchors 20." (p. 12, ll. 1-2.) See also at least Figures 1, 5, 6, and 10-13, and the corresponding written description of those Figures.
35. The device of claim 34, wherein the connector is configured to be inserted through a portion of the heart.	"Extending through the left ventricle is a splint 16 including a tension member 18 and oppositely disposed anchors 20." (p. 8, ll. 5-7.) See also Figures 1, 5, and 6, and the corresponding written description of those Figures.
36. The device of claim 34, further comprising a second connector.	"The embodiment 116 shown in Figure 5 includes three tension members 118 as opposed to a single tension member 18 as shown in Figure 1. Figure 6 shows yet another embodiment of the splint 216 having four tension members 218. It is anticipated that in some patients, the disease process of the failing heart may be so advanced that three, four or more tension members may be desirable to reduce the heart wall stresses more substantially than possible with a single tension member as shown in Figure 1." (p. 9, l. 19 - p. 10, l. 2.) See also Figures 5 and 6, and the corresponding written description of those Figures.
37. The device of claim 36, wherein the second connector joins the members.	See Figures 5 and 6, and the corresponding written description of those Figures.

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38. The device of claim 37, wherein the second connector has portions configured to be encased in the tissue of the heart.	See Figures 5 and 6, and the corresponding written description of those Figures.
39. The device of claim 36, wherein the second connector is straight.	See Figures 5 and 6, and the corresponding written description of those Figures.
40. A static device for use with a heart having at least one chamber, said device comprising: a plurality of members configured to be positioned adjacent the epicardial surface of the heart; and a connector joining the members, wherein said members are positioned in a spaced relationship relative to each other to reconfigure the chamber of the heart as at least two contiguous communicating portions of truncated ellipsoids.	"The present invention pertains to a non-pharmacological, passive apparatus for the treatment of a failing heart." (p. 4, ll. 22-23.) "In one embodiment, the apparatus includes a tension member for drawing at least two walls of the heart chamber toward each other to reduce the radius or area of the heart chamber in at least one cross sectional plane. The tension member has anchoring member[s] disposed at opposite ends for engagement with the heart or chamber wall." (p. 5, ll. 6-11.) "Extending through the left ventricle is a splint 16 including a tension member 18 and oppositely disposed anchors 20." (p. 8, ll. 5-7.) "Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310. A compression member 312 having an atraumatic surface 314 presses against a wall of left ventricle 10 to reduce the radius or cross-sectional area thereof." (p. 8, l. 26 - p. 9, l. 4.) "Figures 10 and 11 are side views of a hinged anchor 28 which could be substituted for anchors 20 in undeployed and deployed positions respectively. Anchor 28 as shown in Figure 10 includes two legs similar to bar anchor 26. Hinged anchor 28 could include additional legs and the length of those legs could be varied to distribute the force over the surface of the heart wall." (p. 11, ll. 6-12.) "Figure 12 is a cross-sectional view of a capture ball anchor 30. Capture ball anchor 30 can be used in place of anchor 20. Capture ball anchor 30 includes a disk portion 32 to distribute the force of the anchor on the heart wall, and a recess 34 for receiving a ball 36 fixed to an end of the tension member 18." (p. 11, ll. 17-22.) "Figure 13 is a perspective view of a cross bar anchor 40. The cross bar anchor 40 can be used in place of anchors 20." (p. 12, ll. 1-2.) "Figure 15 is a view of the idealized heart chamber 48 of Figure 14 wherein the chamber has been splinted along its length L such that a 'figure eight' cross-section has been formed along the length thereof." (p. 13, ll. 1-4.) See also at least Figures 1, 3, 5, 6, 10-13, and 15-18, and the corresponding written description of those Figures.

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41. A static device for use with a heart having at least one chamber, said device comprising: a plurality of members configured to be positioned adjacent the epicardial surface of the heart; and at least one connector for extending through the chamber joining the members together.	"The present invention pertains to a non-pharmacological, passive apparatus for the treatment of a failing heart." (p. 4, ll. 22-23.) "In one embodiment, the apparatus includes a tension member for drawing at least two walls of the heart chamber toward each other to reduce the radius or area of the heart chamber in at least one cross sectional plane. The tension member has anchoring member[s] disposed at opposite ends for engagement with the heart or chamber wall." (p. 5, ll. 6-11.) "Extending through the left ventricle is a splint 16 including a tension member 18 and oppositely disposed anchors 20." (p. 8, ll. 5-7.) "The embodiment 116 shown in Figure 5 includes three tension members 118 as opposed to a single tension member 18 as shown in Figure 1. Figure 6 shows yet another embodiment of the splint 216 having four tension members 218." (p. 9, ll. 19-23.) "Figures 10 and 11 are side views of a hinged anchor 28 which could be substituted for anchors 20 in undeployed and deployed positions respectively. Anchor 28 as shown in Figure 10 includes two legs similar to bar anchor 26. Hinged anchor 28 could include additional legs and the length of those legs could be varied to distribute the force over the surface of the heart wall." (p. 11, ll. 6-12.) "Figure 12 is a cross-sectional view of a capture ball anchor 30. Capture ball anchor 30 can be used in place of anchor 20. Capture ball anchor 30 includes a disk portion 32 to distribute the force of the anchor on the heart wall, and a recess 34 for receiving a ball 36 fixed to an end of the tension member 18." (p. 11, ll. 17-22.) "Figure 13 is a perspective view of a cross bar anchor 40. The cross bar anchor 40 can be used in place of anchors 20." (p. 12, ll. 1-2.) See also at least Figures 1, 5, 6, and 10-13, and the corresponding written description of those Figures.
42. A static device for use with an unrestricted heart having an outer wall and at least one chamber, said device comprising: a plurality of members configured to be positioned adjacent the epicardial surface of the heart; and a connector joining the members, wherein said members are fixed in a spaced relationship relative to each other such that at least two discrete portions of the outer wall are displaced inwardly from the unrestricted position.	"The present invention pertains to a non-pharmacological, passive apparatus for the treatment of a failing heart." (p. 4, ll. 22-23.) "In one embodiment, the apparatus includes a tension member for drawing at least two walls of the heart chamber toward each other to reduce the radius or area of the heart chamber in at least one cross sectional plane. The tension member has anchoring member[s] disposed at opposite ends for engagement with the heart or chamber wall. In another embodiment, the apparatus includes a compression member for drawing at least two walls of a heart chamber toward each other." (p. 5, ll. 6-14.) "Yet another embodiment of the invention includes a

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	clamp having two ends biased toward one another for drawing at least two walls of a heart chamber toward each other. The clamp includes at least two ends having atraumatic anchoring member[s] disposed thereon for engagement with the heart or chamber wall." (p. 5, ll. 18-23) "Extending through the left ventricle is a splint 16 including a tension member 18 and oppositely disposed anchors 20. Splint 16 as shown in Figure 1 has been positioned to draw opposite walls of left ventricle 10 toward each other to reduce the 'radius' of the left ventricular cross-section or the cross-sectional area thereof to reduce left ventricular wall stresses." (p. 8, ll. 5-11.) "Figure 3 shows yet another alternative embodiment of the present invention deployed with respect to left ventricle 10 of human heart 14. Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310. A compression member 312 having an atraumatic surface 314 presses against a wall of left ventricle 10 to reduce the radius or cross-sectional area thereof. Figure 4 is a transverse cross-sectional view of human heart 14 showing yet another embodiment of the present invention. In this case a clamp 400 having atraumatic anchor pads 410 biased toward each other is shown disposed on a wall of left ventricle 10. (p. 8, l. 24 - p. 9, l. 9.) "It is anticipated that in some patients, the disease process of the failing heart may be so advanced that three, four or more tension members may be desirable to reduce the heart wall stresses more substantially than possible with a single tension member as shown in Figure 1." (p. 9, l. 23 - p. 10, l. 2.) "Figures 10 and 11 are side views of a hinged anchor 28 which could be substituted for anchors 20 in undeployed and deployed positions respectively. Anchor 28 as shown in Figure 10 includes two legs similar to bar anchor 26. Hinged anchor 28 could include additional legs and the length of those legs could be varied to distribute the force over the surface of the heart wall." (p. 11, ll. 6-12.) "Figure 12 is a cross-sectional view of a capture ball anchor 30. Capture ball anchor 30 can be used in place of anchor 20. Capture ball anchor 30 includes a disk portion 32 to distribute the force of the anchor on the heart wall, and a recess 34 for receiving a ball 36 fixed to an end of the tension member 18." (p. 11, ll. 17-22.) "Figure 13 is a perspective view of a cross bar anchor 40. The cross bar anchor 40 can be used in place of anchors 20." (p. 12, ll. 1-2.) See also at least Figures 1, 3-6, and 10-13, and the corresponding written description of those Figures.

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43. The device of claim 42, wherein at least one of said members comprises an elongate shape.	"Figures 10 and 11 are side views of a hinged anchor 28 which could be substituted for anchors 20 in undeployed and deployed positions respectively." (p. 11, ll. 6-8.) See also Figures 3, 4, 10 and 11, and the corresponding written description of those Figures.
44. The device of claim 42, wherein at least one of said members has a shape wherein a length is substantially greater than a width.	"Figures 10 and 11 are side views of a hinged anchor 28 which could be substituted for anchors 20 in undeployed and deployed positions respectively." (p. 11, ll. 6-8.) See also Figures 3, 4, 10 and 11, and the corresponding written description of those Figures.
45. The device of claim 42, wherein at least one of said members comprises a substantially circular shape.	"Capture ball anchor 30 includes a disk portion 32 to distribute the force of the anchor on the heart wall, and a recess 34 for receiving a ball 36 fixed to an end of the tension member 18." (p. 11, ll. 19-22.) "The anchor 40 preferably includes a disk or pad portion 42 having a cross bar 44 extending over an opening 46 in pad 42." (p. 12, ll. 3-6.) See also Figures 3, 4, 12, and 13, and the corresponding written description of those Figures.
46. The device of claim 42, said members comprise an inner surface having a convex curved configuration toward the epicardial surface.	See 310 and 410 in Figures 3-4, 34 in Figure 12, and the corresponding written description of those Figures.
47. The device of claim 42, having first and second members, wherein said first and second members are positioned in a spaced relationship relative to each other about 180 degrees apart.	"The tension member has anchoring member[s] disposed at opposite ends for engagement with the heart or chamber wall." (p. 5, ll. 9-11.) "Extending through the left ventricle is a splint 16 including a tension member 18 and oppositely disposed anchors 20." (p. 8, ll. 5-7.) See also Figures 1 and 3- 6, and the corresponding written description of those Figures.
48. The device of claim 42, having a first member configured to be positioned adjacent the anterolateral surface of the chamber, and a second member configured to be positioned adjacent the posteromedial surface of the chamber.	See Figures 1 and 3-6, and the corresponding written description of those Figures.
49. The device of claim 42, having a first member configured to be positioned adjacent the anterolateral surface of the chamber, and a second member configured to be positioned adjacent the posterolateral surface of the chamber.	See Figures 1 and 3-6, and the corresponding written description of those Figures.

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50. The device of claim 42, having first, second and third members, said first, second, and third members are positioned in a spaced relationship relative to each other about 120 degrees apart.	"Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310. A compression member 312 having an atraumatic surface 314 presses against a wall of left ventricle 10 to reduce the radius or cross-sectional area thereof." (p. 8, l. 26 - p. 9, l. 4.) See also Figures 3, 5, and 6, and the corresponding written description of those Figures.
51. The device of claim 50, wherein the first member is configured to be positioned adjacent the anteroseptal portion of the chamber, the second member is configured to be positioned adjacent the posteroseptal portion of the chamber, and the third member is configured to be positioned adjacent the posterolateral portion of the chamber.	See Figures 3, 5, and 6, and the corresponding written description of those Figures.
52. The device of claim 42, wherein at least one of said members comprises a pad.	"Extending through the left ventricle is a splint 16 including a tension member 18 and oppositely disposed anchors 20." (p. 8, ll. 5-7.) "Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310." (p. 8, l. 26 - p. 9, l. 1.) "In this case a clamp 400 having atraumatic anchor pads 410 biased toward each other is shown disposed on a wall of left ventricle 10." (p. 9, ll. 7-9.) "The anchor 40 preferably includes a disk or pad portion 42 having a cross bar 44 extending over an opening 46 in pad 42." (p. 12, ll. 3-4.) See also Figures 1 and 3-6, and the corresponding written description of those Figures.
53. The device of claim 52, wherein the pad has an inner surface configured to be positioned adjacent the epicardial surface of the heart.	"The tension member has anchoring member[s] disposed at opposite ends for engagement with the heart or chamber wall." (p. 5, ll. 9-11.) "Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310." (p. 8, l. 26 - p. 9, l. 1.) "In this case a clamp 400 having atraumatic anchor pads 410 biased toward each other is shown disposed on a wall of left ventricle 10." (p. 9, ll. 7-9.) See also Figures 1 and 3-6, and the corresponding written description of those Figures.

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54. The device of claim 42, wherein at least one of said members includes a pad portion.	"Extending through the left ventricle is a splint 16 including a tension member 18 and oppositely disposed anchors 20." (p. 8, ll. 5-7.) "Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310." (p. 8, l. 26 - p. 9, l. 1.) "In this case a clamp 400 having atraumatic anchor pads 410 biased toward each other is shown disposed on a wall of left ventricle 10." (p. 9, ll. 7-9.) "The anchor 40 preferably includes a disk or pad portion 42 having a cross bar 44 extending over an opening 46 in pad 42." (p. 12, ll. 3-4.) See also Figures 1 and 3-6, and the corresponding written description of those Figures.
55. The device of claim 52, wherein the pad comprises a biocompatible material.	"Each of the various embodiments of the present invention disclosed in Figures 1-4 can be made from materials which can remain implanted in the human body indefinitely. Such biocompatible materials are well-known to those skilled in the art of clinical medical device." (p. 9, ll. 13-17.)
56. The device of claim 42, wherein said connector comprises a clamp.	"In this case a clamp 400 having atraumatic anchor pads 410 biased toward each other is shown disposed on a wall of left ventricle 10." (p. 9, ll. 7-9.) See also Figure 4 and the corresponding written description of that Figure.
57. The device of claim 42, wherein the connector comprises a biocompatible material.	"Each of the various embodiments of the present invention disclosed in Figures 1-4 can be made from materials which can remain implanted in the human body indefinitely. Such biocompatible materials are well-known to those skilled in the art of clinical medical device." (p. 9, ll. 13-17.)
58. The device of claim 42, wherein at least one of said members includes an opening.	"Capture ball anchor 30 includes a disk portion 32 to distribute the force of the anchor on the heart wall, and a recess 34 for receiving a ball 36 fixed to an end of the tension member 18." (p. 11, ll. 19-22.) "The anchor 40 preferably includes a disk or pad portion 42 having a cross bar 44 extending over an opening 46 in pad 42." (p. 12, ll. 3-6.) See also Figures 12 and 13, and the corresponding written description of those Figures.

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59. The device of claim 42, wherein the connector comprises a first connector configured to be positioned adjacent the endocardium of the chamber.	"Extending through left ventricle is a splint 16 including tension member 18 and oppositely disposed anchors 20." (p. 8, ll. 5-7.) "Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310." (p. 8, l. 26 - p. 9, l. 1) "In this case a clamp 400 having atraumatic anchor pads 410 biased toward each other is shown disposed on a wall of left ventricle 10." (p. 9, ll. 7-9.) See also Figures 1 and 3-6, and the corresponding written description of those Figures.
60. The device of claim 59, wherein the connector comprises a second connector.	"The embodiment 116 shown in Figure 5 includes three tension members 118 as opposed to a single tension member 18 as shown in Figure 1. Figure 6 shows yet another embodiment of the splint 216 having four tension members 218. It is anticipated that in some patients, the disease process of the failing heart may be so advanced that three, four or more tension members may be desirable to reduce the heart wall stresses more substantially than possible with a single tension member as shown in Figure 1." (p. 9, l. 19 - p. 10, l. 2.) See also Figures 5 and 6, and the corresponding written description of those Figures.
61. The device of claim 42, wherein the connector is curved.	See 300 and 400 in Figures 3 and 4, respectively, and the corresponding written descriptions of those Figures.
62. The device of claim 42, wherein the connector comprises a band configured for extending around the chamber and joining the plurality of members.	See 300 and 400 in Figures 3 and 4, respectively, and the corresponding written descriptions of those Figures.
63. A method for reducing the wall tension on one of the chambers of the heart, comprising the steps of: affixing a static brace external to the one chamber of the heart to reconfigure the chamber into at least two contiguous portions of truncated ellipsoids.	"The present invention pertains to a non-pharmacological, passive apparatus for the treatment of a failing heart. The device is configured to reduce the tension in the heart wall." (p. 4, ll. 22-24.) "The device reduces wall tension during diastole (preload) and systole. In one embodiment, the apparatus includes a tension member for drawing at least two walls of the heart chamber toward each other to reduce the radius or area of the heart chamber in at least one cross sectional plane." (p. 5, ll. 4-9.) "In another embodiment, the apparatus includes a compression member for drawing at least two walls of a heart chamber toward each other." (p. 5, ll. 12-14.) "Yet another embodiment of the invention includes a clamp having two ends biased toward one another for drawing at least two walls of a heart chamber toward

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	each other." (p. 5, ll. 18-20.) "Extending through the left ventricle is a splint 16 including a tension member 18 and oppositely disposed anchors 20. Splint 16 as shown in Figure 1 has been positioned to draw opposite walls of left ventricle 10 toward each other to reduce the 'radius' of the left ventricular cross-section or the cross-sectional area thereof to reduce left ventricular wall stresses." (p. 8, ll. 5-11.) "Figure 2 discloses an alternate embodiment of the present invention, wherein a balloon 200 is deployed adjacent the left ventricle." (p. 8, ll. 19-21.) "Figure 3 shows yet another alternative embodiment of the present invention deployed with respect to left ventricle 10 of human heart 14. Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310. A compression member 312 having an atraumatic surface 314 presses against a wall of left ventricle 10 to reduce the radius or cross-sectional area thereof." (p. 8, l. 24 - p. 9, l. 4.) "It is anticipated that in some patients, the disease process of the failing heart may be so advanced that three, four or more tension members may be desirable to reduce the heart wall stresses more substantially than possible with a single tension member as shown in Figure 1." (p. 9, l. 23 - p. 10, l. 2.) "As a consequence of placing splint 16, the radius or cross-sectional area of the left ventricle affected by the scar tissue 24 is reduced. The reduction of this radius or cross-sectional area results in reduction in the wall stress in the left ventricular wall and thus improves heart pumping efficiency." (p. 10, ll. 15-20.) "Figure 15 is a view of the idealized heart chamber 48 of Figure 14 wherein the chamber has been splinted along its length L such that a 'figure eight' cross-section has been formed along the length thereof." (p. 13, ll. 1-4.) See also at least Figures 1-3, 5, 6, 8, and 15-18, and the corresponding written description of those Figures.

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64. The method of claim 63 wherein the brace has at least two members, a fastener on the members, and a connector, the method further comprising the step of inserting the fastener into the heart wall of the heart.	"Extending through the left ventricle is a splint 16 including a tension member 18 and oppositely disposed anchors 20." (p. 8, ll. 5-7.) "The embodiment 116 shown in Figure 5 includes three tension members 118 as opposed to a single tension member 18 as shown in Figure 1. Figure 6 shows yet another embodiment of the splint 216 having four tension members 218." (p. 9, ll. 19-23.) "Anchor 28 as shown in Figure 10 includes two legs similar to bar anchor 26. Hinged anchor 28 could include additional legs and the length of those legs could be varied to distribute the force over the surface of the heart wall." (p. 11, ll. 8-12.) "Capture ball anchor 30 includes a disk portion 32 to distribute the force of the anchor on the heart wall, and a recess 34 for receiving a ball 36 fixed to an end of the tension member 18." (p. 11, ll. 19-22.) "The anchor 40 preferably includes a disk or pad portion 42 having a cross bar 44 extending over an opening 46 in pad 42." (p. 12, ll. 3-4.) See also Figures 1, 5, 6, 8, and 10-13 and the corresponding written description of those Figures.
65. The method of claim 64 further comprising the step of positioning a portion of the connector adjacent the epithelium of the heart.	"The tension member has anchoring member[s] disposed at opposite ends for engagement with the heart or chamber wall." (p. 5, ll. 9-11.) See also Figures 1, 5, 6, 8, and 10-13, and the corresponding written description of those Figures.
66. A device for reconfiguring a chamber of a natural heart, said device comprising: a structure having a first and a second portion, said structure adapted to encircle the natural heart and to exert a constant inward displacement on at least two discrete portions of the exterior surface of one and only one chamber of the natural heart.	"The present invention pertains to a non-pharmacological, passive apparatus for the treatment of a failing heart." (p. 4, ll. 22-23.) "In another embodiment, the apparatus includes a compression member for drawing at least two walls of the heart chamber toward each other." (p. 5, ll. 12-14.) "Yet another embodiment of the invention includes a clamp having two ends biased toward one another for drawing at least two walls of a heart chamber toward each other. The clamp includes at least two ends having atraumatic anchoring member[s] disposed thereon for engagement with the heart or chamber wall." (p. 5, ll. 18-23.) "Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310. A compression member 312 having an atraumatic surface 314 presses against a wall of left ventricle 10 to reduce the radius or cross-sectional area thereof." (p. 8, l. 26 - p. 9, l. 4.) "In this case a clamp 400 having atraumatic anchor pads 410 biased toward each other is shown disposed on a wall of left ventricle 10." (p. 9, ll. 7-9.) See also at least Figures 3 and 4, and the corresponding written description of those Figures.

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67. The device of claim 66, wherein said structure comprises a plurality of interconnected members.	"Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310. A compression member 312 having an atraumatic surface 314 presses against a wall of left ventricle 10 to reduce the radius or cross-sectional area thereof." (p. 8, l. 26 - p. 9, l. 4.) "In this case a clamp 400 having atraumatic anchor pads 410 biased toward each other is shown disposed on a wall of left ventricle 10." (p. 9, ll. 7-9.) See also Figures 3 and 4, and the corresponding written description of those Figures.
68. The device according to claim 66, wherein said device has a structural shape adapted to exert differential displacement at predetermined locations of the exterior surface of the natural heart.	"Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310. A compression member 312 having an atraumatic surface 314 presses against a wall of left ventricle 10 to reduce the radius or cross-sectional area thereof." (p. 8, l. 26 - p. 9, l. 4.) "In this case a clamp 400 having atraumatic anchor pads 410 biased toward each other is shown disposed on a wall of left ventricle 10. Here the radius or cross-sectional area of left ventricle is reduced by clamping off the portion of the wall between pads 410." (p. 9, ll. 7-11.) See also Figures 3 and 4, and the corresponding written description of those Figures.
69. The device according to claim 66, wherein said first portion of said structure lies adjacent a basal surface of the natural heart.	See Figures 3 and 4, and the corresponding written description of those Figures.
70. The device according to claim 66, wherein said second portion of said structure lies adjacent an apical surface of the natural heart.	See Figures 3 and 4, and the corresponding written description of those Figures.
71. The device according to claim 66, wherein a first portion of said structure lies adjacent an anterolateral surface of a left ventricle.	See Figures 3 and 4, and the corresponding written description of those Figures.
72. The device according to claim 66, wherein a second portion of said structure lies adjacent a posterior surface of a left ventricle.	See Figures 3 and 4, and the corresponding written description of those Figures.
73. The device according to claim 66, wherein said device encircles at least one chamber of the natural heart.	See Figures 3 and 4, and the corresponding written description of those Figures.
74. The device according to claim 73, wherein said first portion of said structure lies adjacent a basal surface of said chamber of the natural heart.	See Figures 3 and 4, and the corresponding written description of those Figures.

Applicants' Claims	Representative Support in Applicants' Specification
75. The device according to claim 73, wherein said chamber is a ventricle.	"Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310. A compression member 312 having an atraumatic surface 314 presses against a wall of left ventricle 10 to reduce the radius or cross-sectional area thereof." (p. 8, l. 26 - p. 9, l. 4.) "In this case a clamp 400 having atraumatic anchor pads 410 biased toward each other is shown disposed on a wall of left ventricle 10. Here the radius or cross-sectional area of left ventricle is reduced by clamping off the portion of the wall between pads 410." (p. 9, ll. 7-11.) See also Figures 3 and 4, and the corresponding written description of those Figures.
76. The device according to claim 73, wherein said chamber is a chamber other than a ventricle.	"It should be understood that although the splint 16 and the alternative devices disclosed herein are described in relation to the left ventricle of a human heart, these devices could also be used to reduce the radius or cross-sectional area of the other chambers of a human heart in transverse or vertical directions, or at an angle between the transverse and vertical." (p. 8, ll. 11-17.)
77. The device according to claim 73, wherein said second portion of said structure lies adjacent an apical surface of said chamber of the natural heart.	See Figures 3 and 4, and the corresponding written description of those Figures.
78. The device according to claim 77, wherein said chamber is a ventricle.	"Here a compression frame structure 300 is engaged with heart 14 at atraumatic anchor pads 310. A compression member 312 having an atraumatic surface 314 presses against a wall of left ventricle 10 to reduce the radius or cross-sectional area thereof." (p. 8, l. 26 - p. 9, l. 4.) "In this case a clamp 400 having atraumatic anchor pads 410 biased toward each other is shown disposed on a wall of left ventricle 10. Here the radius or cross-sectional area of left ventricle is reduced by clamping off the portion of the wall between pads 410." (p. 9, ll. 7-11.) See also Figures 3 and 4, and the corresponding written description of those Figures.
79. The device according to claim 66, wherein said device has an inner surface and said inner surface is convex toward the surface of the natural heart.	See 310, 314, and 410 in Figures 3 and 4, and the corresponding written description of those Figures.